

## ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

**Witham Memorial Hospital**City: Lebanon County: Boone Year: **2003**

Provider Type: General Acute

<b>I. Inpatient Care</b>				
<b>Hospital Service Description</b>	<b>Number of Set Up Beds</b>	<b>Number of Discharges</b>	<b>Number of Patient Days</b>	<b>Average Charge Per Discharge</b>
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Med/Surg	8	252	1,056	\$4,169
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	26	1,619	5,601	\$13,946
Neonatal Intermed	0	0	0	\$0
Obstetrics	4	163	362	\$7,322
Pediatric	0	0	0	\$0

Psychiatric	10	140	1,423	\$4,876
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	48	2,174	8,442	NA
Normal Newborn	7	177	347	\$893

<b>II. Outpatient Visits</b>			
Circulatory System	10	Digestive System	555
Endocrine System	1	Injuries and Poison	151
Mental Disorder	737	Musculoskeletal	177
Neoplasms	2,336	Nervous	446
Respiratory	164	Urinary	147
Other/Unknown	16,035	Total Visits	18,938
Number of Visits to Emergency Department			12,393
Percent of Emergency Department Visits of Total Visits			65.4%

## Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

N - Acute Renal Dialysis	N - Alcohol/Drug Service	Y - Anesthesia Services
N - Blood Bank	N - Burn Care Unit	N - Chiropractic Service
N - Coronary Care Unit	N - Dental Services	Y - Dietetic Services
Y - Emergency Service	Y - Home Care Program	Y - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	N - Long Term Care Unit	N - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	N - Open Heart Surgery	Y - Operating Room
N - Optometric Service	N - Organ Bank	N - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
Y - Psychiatric Services	Y - Radiology(Diagnostic)	N - Radiology(Therapeutic)
N - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
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